

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-876)**

SERIAL NO. **09/914984**

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT								
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1						51						
2	1						52						
3	1						53						
4		1					54						
5		4					55						
6		0					56						
7		0					57						
8		0					58						
9		0					59						
10		0					60						
11		0					61						
12		0					62						
13		0					63						
14		0					64						
15		0					65						
16		0					66						
17		0					67						
18		0					68						
19		0					69						
20		0					70						
21		0					71						
22			1				72						
23			1				73						
24				1			74						
25					1		75						
26					1		76						
27					1		77						
28					1		78						
29					1		79						
30					1		80						
31					1		81						
32					1		82						
33					1		83						
34					1		84						
35					1		85						
36					1		86						
37					1		87						
38					1		88						
39					1		89						
40					1		90						
41					1		91						
42					1		92						
43					1		93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL D.			3				TOTAL IND.						
TOTAL P.			10				TOTAL DEP.						
TOTAL CLAIMS			21				TOTAL CLAIMS						